

## Live Fire Training Facility



1. Application: ☐ New  
☐ Renewal
  
2. Eligible Organization Name: \_\_\_\_\_  
Eligible Organization Number: \_\_\_\_\_
  
3. Live Fire Training Type:

☐ Class A Burn Building  
☐ Class B Burn Building  
☐ Drill Tower  
☐ SCBA Smokehouse/Maze  
☐ Vehicle Fire  
☐ Class B Pit  
☐ Fire Extinguisher Training  
☐ Mockups (State Types): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Has your organization previously been issued a Type B Live Burn Training Permit? If yes, give the date: \_\_\_\_\_
  
5. Facility Name: \_\_\_\_\_  
Facility Number: \_\_\_\_\_  
  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
  
Physical Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
  
Owner Name: \_\_\_\_\_  
Owner Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
  
Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_  
*Note: Contact person may be a person other than the facility representative.*
  
6. Facility Rep: \_\_\_\_\_  
Phone: \_\_\_\_\_  
  
Facility Rep Signature: \_\_\_\_\_  

*Signature*

  
Date: \_\_\_\_\_

[illegible]

# APPLICATION FORM INSTRUCTIONS

**Note:** *Please type or print clearly on the application form. A permit will not be issued unless documentation is received and validated. Incomplete applications will be returned.*

## Section

1. Indicate if the application is for a new permit, or a renewal.
2. Provide your Eligible Organization Name and ID number.
3. Indicate which type(s) of live fire training will be conducted at this facility.
4. Answer the question. If yes, provide a date.
5. Provide the facility name and ID number, facility mailing and physical addresses, facility owner's name and address, and contact person and phone number. Please note that the contact person may be a person other than the facility representative.
6. Provide the facility representative's name and phone number. The facility representative must sign and date the application form.

Forward the completed application form and supporting documentation in one package to:

**Division of Fire Safety  
Office of Training and Certification  
P.O. Box 809  
Trenton, NJ 08625-0809**

Approval or denial of this application will occur within 10 days, as determined by the Division of Fire Safety, Office of Training and Certification. An application not approved within 10 days shall be deemed to have been denied.

## **APPEAL PROCEDURES**

You may contest a denial at an administrative hearing. The request for a hearing must be made in writing within 15 days of receipt of the decision and addressed to: Hearing Coordinator, Division of Fire Safety, Department of Community Affairs, P.O. Box 809, Trenton, NJ 08625-0809.

In accordance with the rules promulgated under the Administrative Procedures Act (N.J.S.A. 52:14B-1, et. Seq. and N.J.S.A. 52:14F-1, et. Seq.), an appeal request must sufficiently identify the decision or action you wish to appeal and the specific reasons forming the basis of your dispute, in order that a decision may be made as to whether your appeal constitutes a contested case.

You are advised that only matters deemed to be contested cases, as defined by the Administrative Procedures Act, will be scheduled for a hearing. If a hearing is scheduled, you will be notified in advance of the time and place.

At a hearing, a corporation must be represented by a licensed attorney, unless approval is given by the Office of Administrative Law.

**Note:** *Questions on training issues should be directed to the staff of the Office of Training and Certification at (609) 633-6321 from 8:30 A.M. to 4:30 P.M., Monday through Friday.*